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## ORIGINAL COMMUNICATIONS.

### AFFECTIONS OF THE EYE-LIDS.

BY F. CORNWALL, M. D.

THE cutaneous surface of the lids suffer from similar diseases as other portions of the integument, such as erysipelas, herpes, eczema, warts, naevi, &c. These affections are not considered ophthalmic diseases only as by their presence, or by the cicatrices left after their removal, they might distort the position of the lids, and thereby interfere with the function of the eye. Tumors of the lids that legitimately belong to eye affections are such as originate from obstruction of some of the gland ducts, more especially, the meibomian glands, in cases where the obstruction is at the orifice of the meibomian duct, the tumor will be at the edge of the lid, and appears as a slightly elevated white spot; but where it occurs above the orifice, the tumor will be seen under the integument of the lid, fastened on the tarsal cartilage, presenting somewhat the appearance of a split pearl.

To get rid of these little tumors they are to be incised, and their contents emptied. It is best, in most cases, to scratch or incise the wall of the cavity to create sufficient inflammation to destroy the secreting power thereof.



Most other affections of the lids are inflammatory in their character, and are designated by the general term of blepharitis. A hordeolum or styne is a small boil occurring on the outer or free margin of the lid, the more significant name being blepharitis tarsalis. This disease is most likely to occur on the lids of delicate young persons, and more frequently, in girls than boys. These are very small affairs, but notwithstanding this fact, the physician is frequently importuned to cure them; and he may not think so slightly of the matter by the time he has accomplished the result. It will usually be found, that persons who are liable to styne, suffer constitutionally, anemia and habitual constipation being the commoner conditions. The physician should be his own judge as regards the character of the dyscrasia and the treatment to be adopted. To be able to abort a styne is of no small importance to a physician. The following methods, if adopted when the first stinging sensation is felt, will often produce the desired effect.

Chloroform painted over the part every few minutes until the inflammation ceases, or actual cautery, in the shape of a glowing match. Light the match, and after it has burned off the composition, detach the charred portion and press the glowing end against the apex of the styne. In order to protect the eye from accident some non-conductor of heat should be placed under the lid.

The most important disease of the eye-lids, and one that occurs quite frequently, particularly in crowded cities among the poor, is called blepharitis marginalis. This disease is also called opthalmia tarsi, tinia tarsi, etc., etc. The border of the lid is swollen and covered with epidermis scales which glue the cilia together like a brush. In the severer forms it might be termed an ulcerative inflammation of the lining of the hair follicle, but in the milder cases, such as are usually met with in rural districts where the people are decently cleanly and well fed, the disease can scarcely have reached such a morbid condition.



The causes of the disease are dust, smoke, bad ventilation, over-straining the eyes by artificial light, bright light in mountain countries, etc.

Blepharitis marginalis is essentially a chronic affection, and has but little tendency to spontaneous recovery. It is apt to vary in its severity at different times in the season, and is usually much worse in the Spring of the year. The results in bad cases, are very disastrous. The cilia are lost from destruction of their bulbs; the lachrymal puncta are closed by inflammatory action, or are removed from contact of the globe, causing the tears to flow over the cheeks. The cornea and ocular conjunctiva become inflamed from friction, and from a loss of the protection of the cilia. The palpebral fissure becomes smaller from adhesion at the external canthus, making the eye smaller in appearance.

The treatment of this disease depends much more on the way applications are made than the character of the remedies used. The crusts and scabs must be removed daily, so that the remedy may come directly in contact with the diseased surface, and much skill is required upon the part of the nurse to accomplish this. These crusts contain a greasy element, which makes it necessary to use an alkaline solution in their removal. Add about five grs. of bicarbonate of soda to an ounce of warm soft water, and apply with a bit of soft sponge. There should be no attempt at haste, and the lids should be carefully dried when through. The lashes should be gently pulled, in order to remove any loose cilia, which act as a foreign body, and the astringent be immediately applied. An ointment of yellow or red oxide of mercury in the proportion of from one-half to one grain to the ounce of the vehicle, is the application usually recommended by oculists. A very fine application and one that I frequently prescribe is the following:—

R Sul. Hydrastia, grs. ij.

Vaseline, plain, 3j M.

Sig. Apply to the lids once a day after cleansing.

It is necessary in bad, or obstinate cases, to apply nitrate



of silver, occasionally, in strong solution. The application should be made with a camel's-hair brush, the excess being washed away with warm water. Once a week is sufficiently often, and in the interim the usual remedies should be used daily.

The constitutional treatment would be readily suggested by any intelligent physician. Alterative remedies are most frequently indicated. It is not always within the reach of the patient to follow instructions, as healthy apartments and good wholesome food is often the first requirement; however, the physician should endeavor to have his patients come as near as possible to the proper mode of life.

The treatment of the results of blepharitis belongs to operative surgery of the plastic character, and, consequently, is not within the province of these articles.

These complaints are always chronic, and, in all cases, where the circumstances of the patient will admit, they should be sent to an oculist for treatment. If it is desirable to attempt to relieve the suffering of individuals who have not the means to avail themselves of a specialist's skill, the physician should consult the best authorities on such subjects, and select the operation which seems best adapted to the case in hand.

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### GELSEMINUM SEMPERVIRENS.

BY C. H. HOUP, M. D.

THIS is the *Yellow Jassamine* of our own country; it is also known by the names of *Wild Jassamine* and *Woodbine*. Tradition is responsible for the story that it owes its introduction into the materia medica by accident, that a servant by mistake collected the plant for a Mississippian who partook of an infusion of it, soon discovering the mistake by the unlooked for and extraordinary symptoms, and gladly accepting them on the disappearance of his bilious fever from which he was suffering.

The *Yellow Jassamine* is indigenous to our southern States, and the root and subterraneous stems bear the medicina



qualities of the plant. The tincture is the preparation to be used and it must be made from the green root, the fluid extracts and tinctures made from the dried root do not possess the virtues of those made from the green, and the custom of using the dried root in the manufacture of these preparations has in a measure ruined the reputation of the drug. I have used with success the *specific tincture* a *green tincture* of Merrell, Thorp & Lloyd the dose of this being small (Gtt v-x) and the result reliable when given in indicated cases.

This remedy is classed by Bartholow as a motor depressant or those agents which depress the functions of the spinal chord and sympathetic.

Gelseminum should not be combined with or administered at the same time with the caustic alkalies or tannic acid as they precipitate and are the chemical incompatibles.

Alcohol, ammonia, belladonna, and digitalis are physiologically antagonistic to gelseminum. The toxical effects of this powerful drug are met by inducing warmth, the administration of alcoholic stimulants by faradization, ammonia by inhalation, and hyperdermic injection of morphia, and we might also add belladonna and digitalis on account of their physiological antagonism.

Gelseminum acts well with and is assisted by conium, physostigma, opium and tobacco.

The effects of this medicine are perceptible within thirty minutes after administration, and they continue from two to three hours; it can be administered safely without producing gastric irritation; when given in moderate doses the effects are pleasant, a feeling of languor and calm is induced, it slows the action of the heart, the eyelids drop, the pupils dilate, and there is some feebleness of the muscular movements; large doses magnify the above symptoms, and add vertigo, double vision, paralysis of the levator palpebra, labored respiration, and feeble action of the heart; if the dose is pushed further, a general perspiration takes place without other evacuation, but these latter symptoms are indications that a lethal dose has been given.



By controlling the irritation of the cerebro-spinal centers, gelseminum prevents the determination of blood to the head, it paralyzes motility and sensibility, but the former is affected before the latter; convulsions do not occur when death takes place from an overdose of gelseminum.

Although this medicine is used for, and does produce a relaxation of most tissues, upon the uterus it causes contraction.

Professor King says that gelseminum possesses perfect control over the nervous system, removing nervous irritability more completely than any other known agent, and that in rigidity of the os uteri, puerperal convulsions, puerperal peritonitis, and painful dysmenorrhœa, he considers this among the best agents in the materia medica. According to Prof. Scudder, the specific use for gelseminum is to arrest irritation of the nerve centers, and stop determination of blood. In less degree it allays irritation of the sympathetic, and thus proves a sedative, and increases secretion, hence we may consider this drug indicated in any of those diseases where there is an exaltation of function. Wakefulness, tetanus, mania, etc., are benefited by the administration of gelseminum, as well as nervous cough, spasmodic asthma, acute inflammation of the lungs, and pleura, pneumonia, and the pelvic disorders of women. In acute gonorrhœa it is given in six to eight drop doses of the tincture, increasing daily up to twenty drops, four times daily, after meals, and before retiring. One-eighth grain of morphia is sometimes added to each dose; in gout and rheumatism you can advantageously add gelseminum to guaiacum or colchicum, but generally I much prefer to give the remedy singly for its specific use, and then I am warranted in looking for its specific action. This remedy must not be used in congestive fevers.



## CANCER.

A LECTURE DELIVERED IN THE CALIFORNIA MEDICAL COLLEGE, OAKLAND, CAL.,

BY D. D. CROWLEY, M. D., PROF. OF SURGERY.

LADIES AND GENTLEMEN: The word cancer is a term applied to a certain species of tumors of the most malignant type. It is so called from its supposed resemblance to "cancer," a crab. Carcinoma is another term used synonymously with cancer. Its origin is the Greek word Karkinoma (from karkinos, cancer, and oma morbid). Carcinoma at one time only referred to certain morbid ulcers having a cancerous nature, but now surgeons use it with reference to the true cancer.

Of all diseases that infect the human system, this is the least desired. Its frequency and destructibility, of late, influences the surgeon to study its course minutely.

Though no doubt cancer is now better understood than in the past, yet does its treatment receive the approbation of the public, and is it all that can be wished by the surgeon? Tumors are divided, according to their anatomical structure, into at least twenty different classes. If the different varieties of each class were described, the number would be almost indefinite, and from this great number, only four are cancerous.

The frequency which common non-malignant tumors are described as cancerous, and their rapid disappearance by the sanguine treatment, (rubbing, burning, charming,) of the *regular cancer doctor*, casts no small amount of reproach upon the surgeon. It is the custom when a tumor sloughs, or is accompanied by sharp pains, to apply to it the term cancer. Nearly every tumor, after reaching a certain size, enters the stage of sloughing. If examined at this time by many of the medical practitioners, they will, like the specialist, announce its malignancy, and its cancerous nature, and frequently he who makes a specialty of *curing* cancer, (as the public is informed) receives their hearty support.

It is said, the causes of cancer are divided into two classes,



viz., the constitutional or pre-disposing, and the local or exciting. Frequently in persons of a robust constitution, a cancer or cancer cells exists. It has been stated by pathologists that cancer is transmitted hereditarily; that one case in three has been proven to have originated in this way. How cancer is transmitted from parent to child is not accountable, only, as we account for a certain feature in a child belonging to a parent. Mental emotion is also said to be a cause of this disease, that by its depressing effects, certain organs become debilitated and take on a cancerous condition.

The greatest number of cancers are found in people of advanced age.

A theory is advanced that cancer cells may remain in the body for years and not make their appearance locally. If the system takes on no functional disorder, and such is the disposition in the young, the liability to cancer is lessened; but as age advances, the heart losing its force, the circulation becoming retarded, and the different structures of the body losing their recuperative powers, how readily might a poisonous matter, held in check for years, invade the tissue.

Sex has a marked influence in the frequency of cancer—occurring in the female in the greater proportion; not that they are more liable to take on the disease, but from the fact of their possessing certain organs: uterus, mamma, etc., that are often diseased from other causes.

The exciting or local causes of cancer are well marked, and they cause a diversity of opinion among surgeons as to the primary origin of the disease, whether it be local or constitutional. A blow or injury to a part is frequently followed by a cancer, continued irritation, as is produced in the lip by a clay pipe, in the rugae by soot. During the excitation of these parts, epithelial changes are perceptible. Sometimes an aggregation of epithelial cells which takes on a morbid appearance and that might ultimately become cancerous, upon the cessation of irritation return to their normal state. The pre-existence of epithelial changes, such as warts, moles, etc., when irritated, early, assumes a cancerous nature. The parts



that are the recipient of this disease, are the parenchyma of organs, skin, mucous membrane, etc. Other parts are more apt to be its secondary seat.

Whether the origin of cancer is constitutional or local, has been a debatable question for many years, and even now, you, in reading your pathologies, will find different theories advanced. One will advance the theory that the blood contains the morbid matter essential to the formation of a cancer, and that upon irritation, this element, through an innate power, attacks the diseased part. It was thought that tissue could not take on any morbid disease without the pre-existence of morbid material in the blood; but by experiments, contrary conclusion was effected. Mr. Paget supports this theory. He says: "Cancers are the manifestations of certain specific and morbid states of the blood; and in them are incorporated peculiar morbid materials which accumulate in the blood, and which their growth may tend to increase."

\* \* \* \* "For the local manifestation of this constitutional disease, the part where it is developed must be put in a favorable condition by irritation, injury, or other similar causes."

Cancer being primarily of constitutional origin, is maintained by the argument, that it speedily *recurs* after an operation; that it is *hereditary*; and that its course varies in degrees of *rapidity* and *virulency*.

Its recurrence after removal is not a sufficient reason for pronouncing this disease of constitutional origin, for, as is conceded by all, a cancer contains no envelope or limiting wall; consequently nothing prohibits its diffusion into the neighboring tissues.

The lymphatics, or blood may be its recipient previous to removal. Its formation here and there throughout the system may only be the spread of migratory cells.

Frequently a very dry and barren country has flowing through its center a river. On all sides of this stream there is comparatively no water; but if the banks give way, how soon the surrounding country becomes deluged; and similarly



then, may a cancer, first apparently local, diffuse itself throughout the entire system.

It is generally supposed that a disease, if hereditary, must necessarily be constitutional. In this many have been misled; for an hereditary tendency may either be local or constitutional. Oftentimes has the offspring been afflicted by the same local malformation as the parent. Warts, local tumors, cysts, etc., have been inherited from generation to generation. As to the *virulency* and *rapidity*, there is no doubt but that the primary local cell is at times more virulent, and that the constitution may be affected by other diseases which will in many ways assist the rapid formation of a cancer.

The preceding argument does not distinctly make the origin of cancer local or constitutional. But it is principally that which many pathologists use as their weapon in the defense of the cancer's constitutional origin. We will now present facts as to its local origin.

Frequently when a cancer is removed in its precursory or forming stage, it does not return for many months, and even years, and in some instances never. This fact shows forcibly that at first a cancer is quite circumscribed and local, and that by an early operation the morbid matter is excised. If, after an operation at this period, the cancer returns, it generally affects the same part, which proves that the cells were diffused beyond the line of operation and attached tissue in the same locality. If at first constitutional, why does it not spring up in some remote part of the body?

Then again, if we consider that only those organs which are liable to continued irritation, viz., the lips, tongue, and those of an irregular functional activity, viz., mamma, uterus, etc., are in the majority of cases affected by cancer, even in the most robust and apparently perfect constitution; and it is not for months that the patient takes on that peculiar cancerous cachexy. As further proof of the primary local origin of the cancer, let us examine the secondary deposits, or the recurrence of a cancer in some distant part of the body; invariably it is of the same nature as the primary mass, and all deposits throughout the system are of the same kind.

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Gentlemen, it is hoped by this continued argument upon the primary origin of cancer, that you will not infer that cancer does not become constitutional. I only wish to prove that the first formation of a cancer is local; that the cancer cells do not exist primarily in the blood, but form locally; subsequently they may be taken up by the lymphatics, circulated through the blood vessels and deposited in any organ, or part of the body, and at this time the constitution becomes infected. How soon after the formation of a local mass a cancer becomes constitutional can not be ascertained, but the surgeon looks for a better result in operating early than when the disease is advanced.

Further on we will speak of the formation and structure of a cancer, its blood supply, absence of an enveloping capsule; but to-day it is sufficient to conclude that cancer is first local.

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### KERATITIS.

BY F. CORNWALL, M. D.

THE cornea is a transparent membrane and occupies the anterior aspect of the globe, the surface of which it constitutes about a sixth part. It is a part of the external tunic of the eye, the sclera being its continuation. It has a laminated structure, being so arranged that there are numerous cavities and channels for the passage of blood cells. The main body of the cornea is lined anteriorly and posteriorly by elastic membranes, the anterior being called Bowman's and the posterior Descemet's membranes. These two membranes in turn are lined by epithelium.

The cornea, then, is constituted of five distinct layers.

It is of the greatest necessity that the physician understand well the anatomy of the cornea to be able to treat intelligently any of the diseases or accidents which this membrane is liable to. A simple abrasion of the epithelium is a trivial affair and is rapidly repaired without injury, but when a missile is driven with sufficient force to lacerate or perforate the membrane of Bowman, the matter is not to be dismissed so readily. An



herpetic vesicle may form under the epithelium and may go through its stages to maturity without much disturbance, or probability of danger, but should it perforate the anterior elastic membrane the case should be treated promptly, as very serious results are liable to supervene.

When large ulcers destroy the substance proper of the cornea and Descemet's membrane forms the base, there is liable to occur, staphylomatous protrusion, rupture of the anterior chamber, hernia of the iris, etc.

On account of the leucomatous opacities left as a result of inflammation in the cornea it is desirable to arrest or limit its action at the earliest possible moment.

There are a number of forms of these inflammatory affections of the cornea the determination of which is of real utility to the practitioner in the selection of treatment, but as in conjunctival inflammations there is apt to be a number of phases present that would characterise the different forms.

It is to be understood that some of the worst cases arise during the progress of an attack of some of the forms of conjunctivitis; and that vascular Keratitis and phlyctenular Keratitis are likely to co-exist.

The symptoms of vascular Keratitis are more or less evidence of ciliary irritation and the appearance of opaque grayish portions of the cornea of varying size. Photophobia and lachrymation usually precede the physical changes in the cornea, consequently, the professional attendant should always be on his guard when such symptoms present themselves. Not long after the development of these opacities, particularly when they occur near the corneal periphery, vessels will be seen following their course. The vascularity of the ocular conjunctiva is extreme and it is to be noted that two sets of vessels are implicated. The conjunctival vessels present, in this state of engorgement, a deep red or scarlet appearance, while the episcleral vessels, lying beneath, are of a bright red or pinkish hue.

This engorgement of the episcleral vessels is one of the premonitory symptoms of inflammation of the deeper struct-



ures of the eye, and is of great value in determining the remedial measures to be used before the character of the disease could be otherwise discovered. The amount of pain varies, and, sometimes there is great photophobia with an entire absence of pain.

The causes may be from trachomatous lids, external injuries, specks of dust, chemical irritants, inverted cilia, etc. Imitations of eye waters, used at improper times, frequently produce such results.

In the treatment of vascular Keratitis the cause of the malady should be discovered, if possible, as the success of the treatment will, often, depend entirely on this point.

To subdue the acute inflammatory symptoms the use of a sulphate of atropia sufficiently strong to produce complete dilatation of the pupil, is necessary. At the commencement use weak solutions and gradually increase until the object is attained. It is admissible to use cold compresses when the inflammatory symptoms are very great, but care should be had that they be not continued too long. When the pain and photophobia are very severe it is important to give the patient rest, and morphine used hypodermically is the most desirable way of accomplishing this result. It is also necessary that the eye have complete functional rest in very acute cases, and in the sub-acute or chronic cases that there be complete avoidance of any kind of occupation calculated to aggravate the malady.

Any systemic derangement present should be corrected, and particularly, when it seems probable that the source of mischief is in any way connected with it.

*Phlyctenular Keratitis*, or herpes of the cornea, occurs much more frequently than vascular Keratitis. The vesicles form in the superficial layers of the cornea, and produce slight elevations on its surface. They may occur singly or in groups, and are most likely to be located at the corneal periphery. Injection of the conjunctiva and episcleral tissue precedes and accompanies the disease in the region of the eruption. When the eruption is general and severe, the vas-



cularity will be general. The cornea being non-vascular, when the efflorescence is situated near its center, the conjunctival vessels seem cut off at the corneal margin. When vascularity extends over the cornea the inflammatory action is very severe and would constitute an accompanying vascular Keratitis. The disease begins with stinging, burning pain, photophobia, lachrymation, etc., and should these symptoms continue any number of days it is probable that there is a continued outbreak of the vesicles.

The causes are such as might produce other forms of ophthalmia, but in addition, and the most important of all, is when it occurs as an accompaniment of herpes zoster over the distribution of the fifth nerve.

There are various theories as regards the causation of tri-facial zoster, some attributing it to certain diseases of the ciliary ganglion, while others consider the origin to be in the sympathetic nerve centers.

These theories are interesting as a matter of investigation, but as yet have not been of much utility in directing the use of therapeutical agents. It is sufficient to know that where there are herpetical or eczematous affections about the nares or orbital region that it might reasonably be suspected as a cause of herpes of the cornea.

In the majority of cases, under favorable circumstances, this disease terminates in perfect recovery. When the vesicles originate from the deeper structures, and are extensive in their action, they usually result in ulcers, which rarely recover without leaving an opacity, an extensive efflorescence be developed over the pupillary region which is very likely to degenerate into an ulcer, owing to its remoteness in this situation to vascular supplies. An opacity left in this locality is, as a matter of course, very disastrous as strabismus or amblyopia from disuse of the retina, is likely to result.

It is to be borne in mind that this disease is prone to relapses. One eruption may run its course and the eye seem perfectly well, but the patient should be forewarned that the



end is not yet, and that a repetition is almost sure to occur in spite of the most skillful treatment.

The treatment is similar in many respect to that of vascular Keratitis. The use of sulphate of atropia sufficient to obtain its full effects on the iris and the application of the protective bandage are the agents to be used in the acute stage.

After the sthenic character has passed and atropia produces full dilatation of the pupil, the vesicles may be touched with a solution of nitrate of silver (grs. XXX. or XL. ad ʒj) once in one or two days until the disease has subsided. The caustic solution should always be neutralized with a solution of salt and water. The atropia should be continued until all irritability has disappeared, but the strength should be made less as the inflammatory symptoms decrease in severity.

Yellow or red oxide of mercury ointment is considered a specific in this disease. The dusting into the eye of dry calomel enjoys a similar repute. The ointment should be made with about two grains of mercury to the ounce of the vehicle. These mercurial applications are irritants and are inadmissible until all inflammatory symptoms have subsided, and then there is scarcely a necessity of their use as the disease has nearly run its course.

Nitrate of silver can be used much earlier in the disease, and has the effect of diminishing the superficial vascularity and the distressing burning and pain that always accompanies the disease.

Should there exist eczemateous or herpetical disease about the nares, cheeks, or lips, it must be cured without delay. Absolute cleanliness should be enjoined and applications of cosmoline, medicated with some mercurial preparation, or what the physician sees best to use, should be applied after cleansing.

Constitutionally, such treatment is to be administered as would be calculated to rectify any systemic wrong, and produce a condition of health as near perfect as possible. Cod-liver oil, iron, quinine, and pot. iodide are the most efficient remedies in the majority of cases.



## DIPHTHERIA.

BY P. SAGE, M. D.

THIS disease should enlist the attention and investigation of the profession until its pathology is well understood and the remedy discovered that will arrest it.

Diphtheria is a formidable disease, and has baffled the skill of many of our wisest physicians. Their failure to cure has not been for the want of a reliable remedy, but in not understanding the cause to which their remedy should have been applied. There are plenty of theorists who have with great assurance given us almost satisfactory cause for this dreaded disease so far as theory would advise, but when we are presented with about as many different theories as there are theorists, we are led to believe that some at least are wrong.

Theorizing is easy on any disease, after a successful treatment has been discovered; and the physician who has, by experiment or otherwise, discovered a sure cure, cares but little for the pathology of the disease, or the therapeutical action of his remedy. His success is his best evidence that he is right.

Diphtheria is not difficult to diagnose in a fully developed case, for the term, Diphtheria, has but one meaning, which Dunglison lays down as "a tendency to the formation of false membrane." We are then not to decide a case as Diphtheria, when there is no such tendency. No one need be mistaken in this symptom, but he may honestly mistake its premonitory symptoms for a common sore throat.

It is an abnormal exudation of mucus from the mucous membrane which ultimately forms this false membrane, and is the only diagnostic difference between diphtheria and a common sore throat. This exudation is possible in any part of the body where there is a mucous membrane, but the throat being the most conspicuous part which meets with the observation of the physician. He can be much surer in his diagnosis there than elsewhere. Unless there is a forma-



tion of false membrane, or a tendency thereto, it certainly cannot be diphtheria, although the attending physician may have ignorantly, or intentionally for effect, so decided, and too, with a mistaken treatment, been successful in its cure.

For years I have assiduously sought for reported cases in practice that I might therefrom make up a correct judgment in regard to its pathology and cure. We should ever bear in mind that similar conditions and symptoms are frequently present in different diseases which are produced by different causes, and that a single remedy may have a curative effect in both; therefore we may successfully prescribe the same remedy for the two diseases arising from two distinct causes.

Some years since by trial I ascertained that a remedy which I had used with remarkable success in the cure of certain stomach difficulties, would also cure diphtheria by giving it in the stomach in connection with a local application of a saturated solution of the same by gargle or probang. From these results I thought it reasonable in concluding the cause of diphtheria to be in the stomach. The remedy was effectual in both, but the causes of the two conditions were widely different. However mistaken I may have been in the true cause of this malady, reasoning led me into a successful treatment of this dreaded disease; my only fault was in locating the primary cause. Remedies for the cure of diseases are ascertained by trial only, but by analogous reasoning we may know that the same remedy will be curative for all diseases arising from the same or similar causes. Again, if by trial we know of a certain remedy which will benefit two diseases, the cause of one being known, we have the best of reasons for believing the second to arise from the same cause so long as the same remedy will cure both. As an illustration, we know that sulphur, or its approximate principles, is curative to scabies, the cause of which is an animal parasite known by the name of *acarus scabie*; consequently a fair reasoning springs up in the mind of the investigator that if sulphur is death to the itch parasite, and that sulphur will also cure diphtheria, is it not right to suspect a parasite of



some kind as its cause? The microscope has conclusively shown\* that the primary cause of diphtheria is a parasite lodged in the mucous membrane of the fauces and pharynx. The cause then being positively known, its removal next claims the attention of the physician.

If the cause is a parasite lodged in, or in any manner fastened to, the mucous membrane, the disease is strictly local, and should be treated locally, almost exclusively. Complications should be attended to for present relief.

Admitting the cause to be an animal parasite, anything that will cause its death, is the specific for diphtheria. Destroy the parasite, and if there is more or less exudation, it will loosen and be thrown off; and unless we destroy it, the patient will die. What are the agents with which to accomplish this end, claims the closest attention of the attending physician.

Sulphur, or its approximate principles, are death dealing agents to *acarus scabie*, and we have reason to believe would destroy the diphtheritic parasite. I invariably use a saturate solution of sulphate of soda by the stomach and as a gargle, and at the same time make use of counter irritation externally. I have not yet from necessity had occasion to change from this treatment, but have used other remedies which have been beneficial. Carbolic acid is a sovereign remedy by probang, also phytolacca by the stomach and as a wash.

For children who are not of sufficient age to gargle, the use of the probang is best. Use no cathartics after the first forty-eight hours, until we have full control of the disease.

These are the remedies before and in the formative stages of the abnormal membrane, but after this false membrane has become more dense, I am not prepared to advise them for the removal of this membrane.

When I have a case with a well-formed membrane I resort to the treatment of Dr. Kerr, of Alleghany City, Pa., who uses hydrochloric acid in the proportion of ten drops of the pure acid to one ounce of glycerine, applied every three hours to the affected parts. This will arrest the disease by destroy-



ing the parasite, and will cause the false membrane to come off, leaving a clean red surface; and should there be a tendency to a re-formation, it will pass away by again applying the diluted acid. The remedial effects of this application is not by dissolving the pseudo-membrane, but by its being sufficiently penetrating to reach the underlying parasite, and by its acid or poisonous action, destroys its life. Dr. Kerr made use of hydrochloric acid with the belief that diphtheria was of the zymotic class of diseases. In this opinion he was in error, as well as myself, in believing it to originate from a derangement of the stomach. I administered a remedy for the stomach and applied the same locally; while he prescribed for a zymotic disease, and both were death to the parasite. But neither of us knew at the time of prescribing that the cause of this dreaded disease is a peculiar fungoid called bacterium, supposed to have developed from *micrococcus*, and has been discovered in the mucous membrane of the fauces by microscopic examinations some days before coming down with diphtheria. It requires an instrument of 400 diameters to bring them to view.

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## DIAGNOSIS.

BY JOHN ANTHONY MARTIN.

Dunghlison in his definition of diagnosis, naively remarks that "it is one of the most important branches of general pathology."

It seems to me that in point of importance it overshadows everything else in the curriculum of a medical course. Even further than this, it super-adds to the theory of medicine an almost complete grasp of its practical details, thus placing the successful diagnostician on the very pinnacle toward which all true sons of Esculapius gaze with longing eyes, that of success.

Says Dunghlison: "Diagnosis is that part of medicine whose object is the discrimination of disease—the knowledge of the pathognomonic signs of each," and adds as above quoted,



that it is one of the most important branches in the entire course of medicine.

The school-teacher who stated to the Board of Trustees that he thought he had mastered the science of "figures" because he had gone as far as "divison," and thought he could see through the rest, would not be exactly the kind of person to reach this summit of excellence in the study of medicine.

And with due deference to many well-meaning persons who commence the practice of medicine with only a copy of old Dr. Gunn, or even our own Dr. King's Family Practice, I think they have commenced at the wrong end of the study. Assuming from the very beginning their ability to determine disease, its character and location, they practically ignore all the slow, wearisome, plodding steps, from the minutia of anatomy, the instructive details of physiology and pathology, the close drill and mechanical exactness of surgery, the patient and untiring research in *materia medica* and the mastery of the theories of gynæcology and obstetrics, together with many an important lesson gleaned from medical and surgical clinics, not to say anything about hospital experience—ignore, I say, all this patient and laborious study, and expect to succeed! Why, it would indeed be a miracle for success to crown the efforts of such an one. It would be like the progression of the craw-fish, from before backwards. Placing the cart before the horse, would be another homely but apt illustration of this procedure.

And yet these very men inveigh the loudest against the law of this, and other States, which in the interest of both medical science and humanity, kindly interposes its strong arm, and says in mild but firm language, my friends, begin at the beginning.

I once knew one of these beginners at the end. When I first knew him, he was following the highly useful, if not ornamental, art of mending dilapidated boots and shoes. But suddenly "a change came over the spirit of his dream." Asserting that previous to his locating in our village he had



been "doctoring" in some of the Southern States, but that he had lost his books and "diplomy" in the "Mississip" by the sinking of the steam-boat, he bought himself a veritable Rosinante, armed himself with a huge pair of "pill bags," and started out one day from our village to hunt for practice among the farmers. Riding up to the premises of a well-to-do farmer he accosted him thus: "Good morning Mr. Majors, good morning, sir." "Good morning, Mr. Conoodle," returned Mr. Majors. "Dr. Conoodle, Mr. Majors, if you please," said the Doctor. "I see, Mr. Majors, that you have a son afflicted with disease," pointing to a boy that stood close by. "Oh, no, doctor," replied Mr. Majors, "my boy is not sick at all, he is only knock-kneed, and has been so from infancy."

"Don't say so, Mr. Majors; don't say so," returned the doctor, emphatically. "I assure you the boy is badly diseased. And to prove to you that I have diagnosed his case correctly I will explain just how he is affected."

"You see the anti-sciatic worms have crawled along down the hypnotic ligaments, entered the knee-pans, and there ate up the phosphatium," exclaimed the doctor triumphantly. But Mr. Majors could not see it in that light, and so the doctor lost the opportunity of restoring the phosphatium to the boy's diseased limbs.

Now what are some of the preliminary steps to enable the student to become reasonably expert in diagnosis?

First, he must be able to discriminate the difference between the expressions of life in health and those in disease. And second, he must be able to distinguish one disease from another. When he can accomplish these two things he is master of diagnosis.

But a long vista of distance lies between this accomplishment and the beginning. His eyes will frequently grow dim, and the midnight taper burn low before this is done. Of course, just preceding this accomplishment, is successfully achieved pathology, both surgical, and medical, general, and special. But before the successful study of pathology, must



come physiology, general and special, but more particularly the latter, in order to know the expressions of life in health before undertaking a correct interpretation of those in disease.

But such knowledge of the functions, conditions, and changes presuppose an intimate acquaintance with the structure of the human body—anatomy. So the true beginning to a correct diagnosis is anatomy, with all the wide range of thought and science from that initial point, through all the other branches, until the faithful student is enabled to use everything that comprehensive theory will give toward a correct solution of the expressions of life in disease.

But all this will not make him a practical diagnostician, however many years he may have toiled up the rugged heights of medical erudition.

Theory may be compared to the landmarks that enable the experienced trapper to pursue to his cave the wild animal. But to know the innermost recesses of its abode, to tell in what exact posture the fierce animal may be found crouching, requires years of practical experience of the hardy hunter's life.

Practice, then, is imperatively required to master the accomplishment of successful diagnosis.

All the physical senses require training. The skillful *accoucheur* relies mainly upon the sense of touch to properly diagnose his case. The educated nose of the practitioner will smell typhoid fever, measles, or small-pox, as he enters the sick room. The untaught eye cannot readily distinguish the nice shades of size and color which manifest themselves so variously in health or disease. The uneducated ear could not detect the different sounds in respiration so necessary to a correct diagnosis of lung diseases. The unskilled touch could not note the varieties of pulse in health, and every phase of disease, nor note the different degrees of temperature which tell of congestion or fever.

The education of these senses can only be obtained by years of self-education—in the continual use of these God-given faculties. And as these give to the educated physician



the sensible manifestations of disease, his mind, enriched and enlarged by its retention of medical lore, will give him, if his judgment be sound, a comprehensive mastery of the situation; and thus, with theory and practice conjoined, enable him to arrive at a reasonable degree of correct and intelligent diagnosis of disease.

Dr. Williams has laid down a rule which seemingly simplifies diagnosis very much. It is to study disease by the rule of excess, defect, and perversion.

Dr. Scudder, as well as our own Professor Bundy, elaborates this idea, and most emphatically pronounces in its favor. Therefore, upon such high authority, as well as its own intrinsic merit, I know the rule must be sound and good. But, after all, this rule is only for those sufficiently learned and experienced to be guided by it.

If I were to say to the man who had never studied geometry that the *pons asinorum* was an exceedingly easy proposition to demonstrate I would be only stating a fact, and yet we know that this proposition has proven a bridge over which many a would-be scholar has stumbled with true asinine stupidity.

And, therefore, interpretation of disease by the rule of excess, defect, and perversion, presupposes an extensive attainment of every department of medical knowledge, combined with an enlarged experience.

Laugh as we may at the classifications of the old nosologists, and praise our own advancement in simplicity and directness by means of the foregoing rule as much as we please, after all we must master all the details of both special and general pathology.

We, too, have our classifications, based upon this pathology. Our great classes are diseases of the organs of respiration, of circulation, of alimentation, of the urinary excretion, and of generation, of the nervous system, of the skin, and so on to the end of the chapter. These, too, we subdivide into orders, genera and species, in true analytical style, until one's poor brain is fairly puzzled in spite of the easy rule of excess, defect, and perversion.



In order to read correctly the physical signs and vital symptoms of disease we must have a true conception of the healthy standard. Any variation from this standard of function and structure is disease.

It is by these signs and symptoms that we are led to the class to which the disease in question belongs. It is by these same signs and symptoms that we trace it down through its orders and species.

If physiology and pathology were more perfect these manifestations of both disease and health would be more clearly outlined; and they are valuable to the physician in proportion to his comprehension of the science of physiology and pathology.

Leaving these generalities and speaking more definitely, we say the well-read physician must be enabled to interpret disease mainly through physical signs and vital symptoms.

He must perfectly understand the difference between a sign and a symptom. A physical sign points directly to the disease. As, for instance, an aneurism of the aorta may be detected and studied through the physical signs it produces. A large tumor is a physical sign manifest to any one. A swelling, however slight, in one limb, may be readily discovered when compared with another.

And so we see that form, size, color, heat, odor, softness, acoustic properties, etc., of any part of the body afford physical signs of its condition, whether in health or disease. But while it is comparatively easy to trace disease in certain cases by physical diagnosis, it is more difficult to arrive at a correct diagnosis of other diseases, which must mainly be accomplished by the vital symptoms presenting themselves in such cases.

These symptoms depend upon the vital properties of the different textures of the body as a whole. They are, as a rule, not so local in their expression of disease as physical signs; for, as the vital properties of any system are in mutual connection, the diseased state of any part will influence the whole system.



Thus, the irritability of the heart spreads its influence throughout the entire vascular system. They are therefore generally distributed through the body.

Again, the expression of disease may be both a physical sign and vital symptom. For instance, the heat and dryness of the skin arise from increased circulation and diminished perspiration. When the skin is cold the circulation is weak, and when warm it is active. In these cases these are vital symptoms, pointing either to determination or congestion. But while these are symptoms of the state of the circulation, they are physical so far as regards the structure of the skin itself.

The appearances of the tongue, so far as regards primary disease in the organ itself, are physical signs, but in a great many diseases the tongue may become red, swollen, furred, brown, or dry, in consequence of causes that act through the system. And these secondary affections of the tongue constitute vital symptoms of these general diseases.

My aim thus far has been to show that diagnosis is of pre-eminent importance in the entire course of medical science—that every branch of medical knowledge is brought to bear upon it. Both the information and judgment of the physician are put to the severest test by this branch of pathology.

We must avail ourselves of a pathological classification of disease. But as pathology is not a perfect science as yet, we must render classification as effective as possible by deriving it from every available source; and in this strait, comes to our aid the grand rule of excess, defect, and perversion.

Diagnosis is therefore chiefly based upon semiology, and the results of clinical experience, arranged and interpreted by statistical science.

Now, how does the well-read physician, rich in clinical experience and endowed with a good sound judgment, diagnose his case? I conclude thus: He comes to the bed-side with his head teeming with pathological lore. He is determined to obtain the previous history, the prominent vital symptoms or physical signs. He first, then, as he seats himself



beside the patient, critically notices the general aspect, countenance, complexion, posture, movement, and speech. He then listens to the usually volunteered complaints of the patient. He then proceeds to question the patient in order to obtain the history of the ailment, including the condition of the patient's health and habits previous to his sickness, what food, kind of clothing worn, occupation, residence, any former illness, the mode of the present attack and its supposed cause.

The answers of these questions will direct the inquiries toward the present state and symptoms. The physician should then proceed to examine into the state of every important organ—the nervous system, and its functions; the organs of respiration, and their functions; the organs of circulation, and their functions; the organs of digestion, and their functions; the function of nutrition and assimilation; and so on until every important organ has undergone a complete scrutiny.

The object of this close examination is not merely to obtain the particular disease under which he is laboring, but in order to obtain any peculiarities of health as well; both of which will more clearly enable him to arrive at a correct diagnosis and prognosis.

A great practical maxim well worth remembering is, that we have to consider not merely *disease in the body, but also the body in disease*.

Is it possible then for the young practitioner to attain, at the inception of his career, to the highest degree of success in diagnosis? If so, the old maxim, "no excellence without great labor," is a fallacy. If it is a fact that progress is only accomplished by triumphing over error, and that human beings are particularly distinguished from animals of a lower degree by making mistakes and correcting them, then I fear the conclusion is inevitable, that the young graduate must content himself to bide his time; and with the consciousness that "there is no royal road to learning," he must address himself to the toilsome march up the rugged steeps of science



in a spirit of humility, coupled with one of indomitable resolution.

If this be the spirit which animates him at the beginning of his career, his success is assured in spite of the frowning heights which meet his upward gaze; and assuredly the day is ahead when, with the conquering steps of a victor, he will plant his feet on the tallest pinnacle of success.

If such a one should pass from the portals of this college into the world to begin the practice of those principles received within these walls, he should be animated with the brightest hopes and highest expectations of success.

He should know that he has laid a foundation upon which a most ample superstructure of theory and practice can be erected; an edifice in which the principal column of beauty and strength will be successful diagnosis. His heart should be filled with emotions of the tenderest gratitude as he recalls the aid received from a faculty of teachers eminently meritorious for zeal and ability; and as he turns away from his *Alma Mater* to begin his career in his chosen field of labor, an earnest desire to make himself worthy of the proud distinction conferred upon him should animate his heart, and give purpose to his aspirations.

Then may he indeed step proudly forth revelling in the thought that he has commenced aright, and feeling in his heart that the victory of success must perch upon his banner if he but do his duty, and strive earnestly to elaborate the principles of medicine which he first received in the California Medical College.

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A temperance lecturer very aptly said in a recent speech, "Why not pour whisky in the gutter? It is destined for the gutter at last; why not pour it there at once, and not strain it through a man and spoil the strainer. Better pass prohibitory laws, and save the poor victims from the jail and the penitentiary, then to license the sale of liquor and then tax the people, to keep up prisons and meet the expenses caused by intemperance."



"FORMULAE."

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FOR JAUNDICE.

℞ Magnesia Sul. ℥ij.  
Magnesia Carb. ℥j.  
Spts. Ammonia Arom. ℥ij.  
Aqua Dist.  
Syr. Simp. āā ℥iv.

M. S.—A tablespoonful one hour before each meal and at bed-time.

This formula is exceedingly good in either form of this disease, and was a great favorite with Dr. Budd.

A GOOD TONIC ANTI-PERIODIC.

℞ Quin. Sul. ℥ij.  
Arsenious Acid, gr. j.  
Ferri Redactum, ℥i.

M.—Et ft. Pillulae No. xx. Div.

S.—One pill three or four times daily.

ANTI-PERIODIC.

℞ Quin. Sul. ℥ij.  
Arsenious Acid, gr. jss.  
Strychnia, gr. j.

M.—Et ft. Pillulae No. xx. Div.

S.—One pill three or four times daily.

This is a good pill to follow anti-periodic doses of Quin. Sul. in chronic intermittents.

TO COUNTERACT OPIUM WHERE IT HAS BEEN TAKEN IN  
POISONOUS DOSES.

℞ Tr. Stramonium, ℥ss.  
Tr. Cardamom Co. ℥ijss.

M. S.—Teaspoonful every two or three hours, or oftener, if necessary.

TONIC APERIENT.

℞ Sodæ Phos. ℥ij.  
Acid Phos. Dil. ℥ij.



Syr. Zingiber, ℥iv.  
 Infus. Gentian Com. ℥viiij  
 Aqua Dist. ℥xxiv.

M.—Et ft. Sol.

S.—A tablespoonful three times daily in ℥ij water. Nothing excels this where such an effect is desired.

FOR DYSENTERY.

℞ Leptandrin, } āā ℥ss.  
 Quin. Sul. }  
 Saponis Castile, ℥j.

M.—Et fiat Pills No. xxiv.

S.—Give one pill every two hours until discharges change. If no change in twelve hours give the following:

℞ Argenti Nitras cryst. grs. ii.  
 Pulv. Glycerrhiza, grs. x.

M.—Et fiat Pills No. v.

S.—One pill every two hours until discharges change, or all are taken, and then begin with the first and go through again, if necessary.

STIMULATING LOTION.

℞ Chloride Sodium.  
 Ammonia Carb. āā ℥j.  
 Spts. Camph. ℥ij.  
 Aqua Dist. Oss.

M. S.—Apply freely to the back of the head in congestion of the brain of children; also in nervous headache.

FOR SLEEPLESSNESS.

℞ Potass Bromide, ℥j.  
 Tr. Cannabis Ind. ℥j.  
 Syr. Simp. ℥iiij.

M. S.—Dose, a teaspoonful when necessary.

FOR ECZEMA.

℞ Acid Hydrocyanic, gtts. ℥j.  
 Oli Cadini, ℥j.  
 Saponis Viridis, ℥ij.  
 Oli Rosemary, ℥ij.  
 Aqua Dist. ℥v.

M. S.—For local use in Eczema.



## EDITORIALS.

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### CALIFORNIA MEDICAL COLLEGE (ECLECTIC).

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THE third session of this College commences the first Monday in November and continues six months. Its prospects are, indeed, bright. During the first two years its attendance was equal to that of any other college on the coast, and during the coming year a larger class than ever entered a medical college in California is expected. The liberal school is certainly the coming one. Whether the Allopaths are jealous of the Eclectics or the Eclectics of the Allopaths, the truth will exist and will be sought for. Already are the supporters of this institution settling throughout the State, building for it an immovable base, and ere long, like the Eastern States, California will possess her share of the thinking, the reasonable, and non-dogmatic physicians.

The Old School has too long enjoyed the existence of an uneventful life. Year after year passed by without advancement or retrogression. They (of course), in a few years of college life, and through *inheritance*, possess themselves of sufficient knowledge to act the figure-head.

The Eclectic makes medicine his life-long study, receives the truth from every source, casts aside harsh and depletory agents, and for this he gains the thanks and good wishes of the masses, the curses and sneers of the (asses) formulated wonders.

Young men who are desirous of taking medicine as their profession, if they have been imbued with the liberty belonging to our country, will turn their steps towards the Eclectic school.

Many years ago, the scientist, after placing the result of his researches before the world, was often received with scorn and disrespect; but as time passed, and the people advanced intellectually, one among the opposing factor would take the same discovery and flourish it successfully before the same world as the result of his profound thought and labor. How



similar is this to the schools of medicine—one (the Eclectic) presents some of the most valuable medicines to the profession; the other, at first only notices them passively, afterwards with interest, and lastly concludes that it has made a wonderful discovery. The latter steals the smoke of the former's powder, thinking that with it they possess the great *vis medicatrix nature*.

DRUGS.—We are pleased to inform the readers of this journal that the enterprising firm of Kirkland & Trowbridge (corner of Tenth and Broadway), have on hand a full stock of new remedies. Any order that you send them will receive prompt attention.

CORRECTION.—In the Announcement of the California Medical College (Eclectic), the United States Eclectic Medical College of New York was overlooked and not inserted in the list of "Eclectic Medical Colleges in the United States, recognized by the United States Bureau of Education, March 31, 1881."

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## SELECTIONS.

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### SOCIETY MEETINGS.

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#### The National Eclectic Medical Association.

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The eleventh annual meeting of the National Eclectic Medical Association was held in the city of St. Louis on the 15th, 16th and 17th of June, 1881. The attendance was large, far exceeding that of previous meetings, and the greatest interest was taken in the proceedings. The interest was maintained to the last, and the scientific, professional, and other business transacted was profitable as well as resulting in general gratification and approval.

Those who had doubted the expediency of holding this meeting at St. Louis, and opposed it most heartily, were among the best pleased at its success.



## FIRST DAY—MORNING SESSION.

The meeting was called to order at ten o'clock by the President, Professor Anson L. Clark, of Chicago, and prayer was offered by the Rev. W. V. Tudor.

The Hon. Mayor Ewing then welcomed the Association to St. Louis, and promised the members the courtesies of citizens, and uttered his own hopes that the memories which they would carry home from the Queen City of the West would be among the most enduring and pleasant of their lives.

President Clark, in a graceful speech, acknowledged the kindness of the Mayor, and paid an appropriate tribute to the city and people of St. Louis.

The following officers were in attendance: Anson L. Clark, President; Alexander Wilder, Secretary; James An-ton, Treasurer.

The Vice-Presidents were all absent. Professor V. A. Baker, owing to the sickness of a brother; Dr. H. B. Piper, by the indisposition of his wife, and Dr. A. G. Springsteen by sickness. They have all been active and very valuable members, and their absence was generally remarked and deplored.

The annual address of President Clark was brief to a praiseworthy degree, well prepared, and a careful review of the field of medicine and the work of the Association. He regretted that the liberality which Eclectics have so generally cultivated and maintained had been made the occasion to obtrude under their name and flag all sorts of false ideas and notions, and threatened the new school of practice with many dangers. The sky, however, was clearing; and as a good evidence he instanced the destruction of the infamous diploma mills of Philadelphia.

On motion of Professor R. A. Gunn, of New York, a Committee on Credentials, seven in number, was appointed, consisting of Drs. John T. McClanahan, of Missouri; John A. Munk, of Topeka, Kansas; Henry Wohlgemuth, of Illinois; W. F. Curryer, of Indiana; J. T. McLaughlin, of Ohio; W. B. Church, of Michigan; W. S. Latta, of Nebraska.



Letters of regret were read from numerous and well-known leading members of the Association, among them ex-President Milbrey Green, B. J. Shaw, and J. A. Duncan. The letter of Dr. Lemon T. Beam, of Johnstown, Penn., contained a severe and deserved criticism of Appleton's New American Cyclopædia, for containing an untrue, calumnious and ill-written sketch of Eclectic practice, and asked that measures be taken to procure its correction in future editions.

The absence of Dr. Green was unfortunate, from the fact that the plan which he had procured to be adopted of disposing of much of the business of the Association by sections, as in the other scientific societies, failed to be carried out as contemplated.

The roll of States was called. The credentials of delegates were received from eighteen auxiliary societies and referred.

Not only was California represented in the person of Dr. Gere, but the new Eclectic Association of Arkansas had a report and delegate.

Dr. Anton, the Treasurer, presented his annual report, which was a gratifying exhibit of the activity of the Association and the expansion of its field of active operation. The delinquents and tardy members as enumerated are as follows:—

|                            |    |
|----------------------------|----|
| Owing one year's dues..... | 36 |
| “ two “ .....              | 17 |
| “ three “ .....            | 7  |

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Total dues.....\$273

About one-half of this amount will be collected; leaving some ten or more names to be struck from the roll. The report was referred to an auditing committee, consisting of Drs. L. E. Russell, J. M. Welsh, and W. Hope Davis.

The Secretary read the journal of the session of 1880, which was approved as correct.

Prof. Younkin addressed the Association upon antiseptic surgery.

Prof. A. J. Howe then read a paper upon improvements in



surgery and other surgical topics, criticising the methods usually known as Listerism. He spoke also upon anæsthetics, their uses and dangers.

Prof. Gunn reviewed Dr. Howe's position, declaring that Listerism had made abdominal surgery more successful, and assuring greater safety in other operations.

Dr. Younkin spoke again in praise of antiseptic surgery, after which the Association took a recess.

FIRST DAY—AFTERNOON SESSION.

On reconvening, the discussion of the morning was continued.

Prof. Olin, of Illinois, opposed the use of carbolic acid as preventing union by first intentions, by its destructive action upon the plastic lymph. He advocated water dressings, and the use of chloroform in preference to ether.

Numerous papers were read.

The Committee on Credentials reported the names of thirty-eight delegates, all but one of whom were recommended for permanent members. The report was adopted, and the persons named duly elected on motion of Prof. Howe.

Dr. Gunn replied to Dr. Olin in regard to antiseptics.

Dr. L. E. Russell opposed Listerism.

Dr. Howe again criticised the "little intricacies of the Lister treatment," and replied to Dr. Younkin.

Dr. Younkin spoke ably and at length in favor of the antiseptic practice.

Prof. Jay declared that germs would grow in the carbolic spray. He did not employ it in practice.

Dr. L. E. Russell reported that the accounts of the Treasurer had been examined and found correct. He proceeded to denounce the published volume of transactions as worthless.

Dr. Duff, of Illinois, replied with a vigorous declaration in regard to the transactions, their great value, etc., after which Dr. Russell retracted what he had said.

The Secretary read the application of the Trustees and Faculty of the Eclectic Medical College of Georgia, asking to



be included among the institutions recognized and entitled to be represented in the National Association.

The application was referred to a special committee of five.

Mrs. Dr. Campbell submitted verbally the case and claims of the Indiana Eclectic Medical College, and asked its recognition. The matter was referred to the same committee, which was announced as follows: Drs. J. M. Scudder, H. Wohlgemuth, George C. Pitzer, L. E. Russell, and J. B. Shultz.

Prof. Gunn addressed the Association upon gynæcology. He described his treatment of the intramural uterine fibroid, and advocated the use of the galvanic battery, with internal use of extractum ergotæ and ammonium chloride. He recommended for ulcerated cervix the application of picric acid on pledgets of moistened lint.

The amendment to the by-laws, proposed last year, to change the day for election of officers from the third to the second day of the session, was called from the table by Prof. Howe, who moved its adoption. This was opposed by Prof. Gunn, as tending to derange the business of the Association, and sometimes to compel the abrupt termination of the annual meeting before the time.

Dr. Madden, of Ohio, stated that he was present when the by-law was amended in its present form, on motion of Prof. King, of Cleveland. It ought to be tried further.

Dr. McDonald also spoke in favor of the present rule.

Dr. S. B. Munn recited the circumstances which led to the adoption of the rule, and spoke of the abrupt termination of the meeting at Pittsburgh. The men who came from distant points to attend to these meetings felt aggrieved at such things.

On motion of Prof. J. R. Borland, of Pennsylvania, the whole subject was laid on the table.

On motion of Dr. Munn, the hour of nine on Friday was fixed for the election of officers.

Prof. Scudder delivered an address on the theory and practice of medicine. It was an able exposition of his peculiar



views in regard to inflammation, phthisis, etc., and their treatment.

The Committee on Credentials reported in favor of receiving the Eclectic Medical Society as an auxiliary; also of electing Drs. Ault, Pruitt, Hattan and Congreve to permanent membership. The report and recommendations were adopted.

Dr. H. K. Stratford, of Chicago, presented an address on obstetrics by title. Other papers were now read by title.

Reports were made on the status of Eclectic medicine in Maine, Rhode Island, Arkansas and Texas.

Dr. E. A. Hansen, of Wisconsin, was elected to membership on report of the Committee on Credentials.

On motion of Dr. Wilder, the next meeting of the Association was deferred till the next morning in order to afford opportunity for the sections to organize and do business.

#### SECOND DAY—MORNING SESSION.

Prayer was offered by the Rev. Truman M. Post.

Letters were read from Prof. Potter, Drs. N. Jewett, D. E. Smith and others.

Dr. N. G. Smith submitted a report on the status of Eclectic medicine in Indiana. There are 566 Eclectic physicians in practice, 378 of them graduates, and 12 persons doing business on John Buchanan diplomas. The State Association was incorporated in 1870, and has 84 members. A medical journal is published and a college has already held one session.

On motion of Dr. N. G. Smith, of Indiana, Dr. Lewis Frazee, one of the original founders of the Association, was removed from active membership and made an honorary member.

On motion of Dr. Wilder, a resolution was adopted excusing Dr. Charles Band, of Nebraska, from all further demand for annual dues, on the ground that he has been a liberal benefactor and contributor to the fund.

Pursuant to an order of the Association adopted last year, the morning hour was set apart to clinical cases.



Prof. Olin performed a successful operation for artificial pupil.

Prof. Younkin made a short address, in which he set forth certain peculiarities in the skeleton of a "subject" as follows:

Peculiarities in the anatomical and surgical anatomy of a cadaver.

1. But one vertebral artery communicating with the basilar artery of the brain.
2. Six vasiculæ of the flexor sublimus digitorum muscles instead of four upon each arm.
3. A lateral curvature of the spine.
4. An ununited fracture of the acromion process.
5. An intra-capsular fracture of the anatomical neck of the humerus with osseous union.
6. Osseous union of the epiphyses of the bones of the pelvis.

Dr. Ingraham, of Illinois, presented an apparatus for the treatment of injuries by refrigeration.

Dr. Munn reported a case of fecal impaction, and gave details of the treatment and result.

The Committee on Credentials reported the names of five delegates from auxiliary societies, with a recommendation that they be admitted to permanent membership. The report was accepted and the candidates duly elected.

On motion of Mrs. Dr. Campbell, the paper of Dr. R. W. Geddes, of Massachusetts, was made a special order for the afternoon at two o'clock.

Prof. Scudder, from the Special Committee on the Applications of the Medical Colleges, submitted the following report:—

*"To the President and Members of the National Eclectic Medical Association:*

"GENTLEMEN—Your committee appointed to consider the matter of several applications—one from the Atlanta (Ga.), Eclectic Medical College, and also one from the Indiana Eclectic Medical College—praying for a recognition by this Association, beg leave to report:



"That they have fully inquired into all the facts, and, upon thorough inquiry, have arrived at the following conclusion, and recommend the matter of recognition be deferred for the present at least, and until this Association can be better prepared to grant this favor.

(Signed) "JOHN M. SCUDDER, M. D., *Chairman*.

"H. WOHLGEMUTH, M. D.

"GEO. C. PITZER, M. D.

"JOHN B. SHULTZ, M. D.

"L. E. RUSSELL, M. D.

"ST. LOUIS, June 16, 1881."

Prof. Borland protested against the recommendation. It was not fair or just to Southern Eclectics. They had almost superhuman difficulties to encounter, and ought at least to receive a word of encouragement. He would explain that Dr. Fishblatt, a man who had once been a member of this Association, but now excluded from membership, had been removed from a place in the faculty.

Prof. S. S. Boots appealed to the Association in behalf of the Indiana College, and declared that the committee had been one-sided, and had prejudged the case.

Prof. R. A. Gunn protested against any impugning of the motives of the committee. He himself disapproved of allowing medical colleges, as such, to take part in the controlling of the business of this Association, and meant to offer an amendment to exclude them in the future. But as the matter now stood, he would propose an amendment setting forth the better way. The report placed a partial censure on the colleges, which he believed ought not to be done. He would be a Methodist and receive them on probation. He read the following resolution:—

*Resolved*, That the Indiana and Georgia Eclectic Medical Colleges be admitted to the privileges and receive the recognition of this Association for one year, without representation, till after the report of the Committee on Credentials, at our next meeting.



Dr. Scudder demanded that the testimony taken by the committee be read. This was accordingly done.

Attention was directed to the bestowment of diplomas on unworthy persons; also to a proprietary nostrum made and vended by Prof. Kendrick, entitled "Sovereign Remedy for Diseased Liver."

Dr. Wohlgemuth indignantly denied the imputation made upon the committee.

Dr. Kendrick explained that he had been relieved from severe disease of the liver by the medicine in question; that it was not patented, and he was willing to make the formula known to them all.

Mrs. Dr. Campbell made an earnest plea against the report of the committee.

Dr. Duff also spoke against the recognition of the Indiana College.

Dr. J. A. Reid, of Iowa, advocated the amendment.

Dr. N. G. Smith, of Indiana, demanded the previous question; which was ordered.

The report of the committee was amended, and the amendment adopted, admitting the two colleges to recognition, as proposed by Prof. Gunn.

Dr. J. A. Reid read a paper entitled "The Value of Vaccination as a Preventive of Small-Pox."

Prof. Olin criticized the sentiment of the paper, taking the ground that the preventive virtues of vaccination were imaginary, and that the practice multiplied other diseases, like iritis, syphilis, etc.

Prof. Gunn also denied the specific or other virtues of the practice, declaring that in New York several towns thus "protected" had been almost immediately after visited by epidemic, and that the individuals first vaccinated by Jenner himself contracted confluent small-pox.

Recess.

#### SECOND DAY—AFTERNOON SESSION.

The committee reported the name of W. D. Matney, with a



recommendation to permanent membership. The report was adopted.

The Treasurer read aloud the names of members delinquent in the matter of annual dues, with the amounts in arrears.

The special order was announced. The paper of Dr. Geddes was not offered, and no one present who cared to consider the subject.

Prof. Jay delivered an address on "Diseases of the Genito-Urinary Organs," explaining the treatment of prostatitis; also the operations of lithotomy and lithotrity.

A clinical case next came up, and was examined by Prof. Gunn. A young man had been thrown from a wagon and badly injured in the back. There were several fistulous openings. He prescribed rest and good diet, scouting the idea of a scrofulous taint.

Dr. L. E. Russell presented a paper on "The Treatment of Goitre," and exhibited specimens of excised glands; also, a uterine polypus, which had occasioned goitre. About two-tenths of these cases, he said, were females.

Prof. Scudder exhibited ten bottles of medicines prepared by Dr. G. M. Welch, of Kansas, and declared it a good thing for every physician to be his own pharmacist.

Dr. W. Hope Davis read a paper on "Malaria," which elicited debate.

Prof. Younkin exhibited a specimen of membranous matter vomited by a patient of under seven years old, formed by exudation.

Dr. Reid also showed a "vail" taken from the head of a new-born infant, presenting very similar characteristics.

Reports on States were now made verbally for the following States: Georgia, by Prof. Borland; Illinois, by Dr. Stratford; Iowa, by Dr. Reid; Kansas, by Dr. Welch; Michigan, by Dr. McMaster; Missouri, by Dr. McClanahan; Nebraska, by Dr. Latta; New Jersey, by Dr. Wilder; New York, by Dr. Gunn; Ohio, by Prof. A. J. Howe; Pennsylvania, by Dr. Borland; Wisconsin, by Dr. Judd.



Dr. Stratford read an extract from a paper giving an account of a proposed amendment to the code of the American Medical Association, prohibiting the instructing of students that would not follow the old school methods of practice.

Dr. Duff, of Chicago, said that there are two sets of old school practitioners—the liberals and the fighting mothers-in-law, the Sangrados, knights of the lancet and castor oil. He cited Sir Astley Cooper that the practice of medicine was blundering conjecture improved by murder. Such was “regular” practice. Dr. N. S. Davis was hardly a practitioner, at least a successful one. He paid a glowing tribute to Drs. Stratford, Jay, Pitzer, and others.

Dr. Wilder called attention to the letter of Dr. Beam in regard to the blundering and calumnious description of Eclecticism in Appleton's New American Cyclopaedia. It was a libel. He had at the time himself offered the publishers a sketch of the Eclectic school, its history and doctrines, which had been declined. On his motion the following was adopted:—

*Resolved*, That the Executive Committee be instructed to confer with the publishers of the Appleton's New American Cyclopaedia in regard to a corrected and accurate description of the Eclectic practice of medicine in future editions of that work.

Dr. Munn, from the Committee on the New Eclectic Pharmacopœia, reported the following resolution, which was adopted without dissent:—

*Resolved*, That upon the preparation of the Pharmacopœia for publication as contemplated, the President and Secretary are hereby empowered and directed to transfer the copyright, in the name of this Association, to Dr. Andrew Merrill, on condition that he shall publish the same in approved and creditable form at his own expense, and without unreasonable delay.

Dr. N. G. Smith gave notice of a proposition to amend the by-laws so as to hold the annual meeting on the second instead of the third Wednesday of June.

Recess.



## SECOND DAY—EVENING SESSION.

Dr. H. K. Stratford took the chair at eight o'clock, and Prof. J. Borland was appointed temporary Secretary.

Dr. Ingraham, of Illinois, delivered a discourse in favor of vaccination, showing its benefits, both as a prevention to small-pox, and in aborting other diseases.

Dr. Wilder stated that his own parents, after "thorough vaccination" and "thorough protection," had both contracted small-pox. He opposed the practice as repugnant to sound sense, philosophy, or even science itself. He did not recognize the right of a physician to disease a patient on any such pretext. He cited Silgestroem, of Sweden, Newman, Humboldt, Herbert Spencer, and others; and alluded to the fact that last year there were eleven deaths in New York City from erysipelas, the result of vaccination with bovine virus. In certain cases where deaths had so occurred, agents of the Board of Health had deliberately changed the record. Statistics in such men's hands could not be conclusive except as confessions. He referred to the theory of Dr. Spinzig as giving a rational theory of small-pox, and the true modes of encountering it.

Dr. Ingraham spoke again.

Prof. Gunn reviewed the various statements of Dr. Ingraham, criticised the theories of pock-marks and methods, and cited the case of Dr. Jewitt, a member who had been repeatedly vaccinated, and had small-pox twice.

Prof. A. L. Clark made a close and scorching review of the argument and assumptions of the anti-vaccinators. He took special care, when making his strongest remarks, to do so in the presence and not in the absence of those whom he attacked. His argument was dispassionate, and well calculated to convince, and not to displease.

Dr. Munn had been a vaccinator, but his observations and experience had demonstrated the fallacy of the practice. He placed it beside the lancet and the old treatment, as a custom of the day. He had had repeated cases in practice of vaccinated persons contracting confluent small-pox.



Prof. Borland argued that vaccination was a prophylactic.

Dr. Latta said there was something beside the pus and lymph—the specific *contagium vivum*.

Dr. G. H. Merkel stated that he had made a series of experiments on vaccine virus with the microscope. It had the same properties as dead, but not decayed animal matter. He believed that its use had brought untold misery upon the world.

Dr. M. Morton believed in vaccination, but was opposed to making it compulsory.

Adjourned.

THIRD DAY—MORNING SESSION.

Prayer was offered by Dr. James H. McDonald.

The journal of the two preceding days was read by the Secretary and approved.

A large number of papers was offered by title.

The Committee on Credentials reported favorably the names of Drs. S. H. McLean, W. H. Harris and James H. McDonald, who were elected permanent members—making fifty in all.

The roll of States and colleges was called, and the Electoral Committee announced. The committee retired, pursuant to the order of the previous day.

Dr. Wohlgemuth was called to the chair.

Dr. McMullen read a paper setting forth the flourishing condition of Eclectic medicine in the State of Kansas.

Dr. Wohlgemuth read a paper also on “Wealth and Poverty—their Relation to Health and Longevity.” He referred significantly to the pains taken to prevent maternity as foreshadowing the decay of the American people.

The Electoral Committee returned and reported the election of the following officers for 1881–82: President, William S. Latta, M. D., of Lincoln, Neb.; First Vice-President, R. W. Geddes, M. D., of Winchendon, Mass.; Second Vice-President, S. S. Judd, M. D., of Janesville, Wis.; Third Vice-President, Hamilton S. McMaster, M. D., of Dowagiac, Mich.; Secretary, Alexander Wilder, Newark, N. J.; Treasurer, James Anton, M. D., Lebanon, Ohio.



The committee had voted for place of meeting as follows: For New Haven, 12; for Topeka, 9; for Buffalo, 5; for Putin-Bay, 3; for San Francisco, 2.

The President announced the order to be the selection of a place of next annual meeting.

Dr. Munn pressed the case of New Haven, and was supported by Prof. Gunn.

Prof. Borland moved to substitute Buffalo.

Dr. Simmons moved to name Topeka.

The debate was very lively. Dr. Wilder said that a year ago he had voted and protested against St. Louis, as too far from the center of our school. The sickly meeting of 1875, at Springfield, Ill., and half-moribund one at Washington, where it had been appointed in questionable faith, had so impressed him. We had prospered at Pittsburgh, Detroit, Cleveland and Chicago. The large accessions to our numbers in St. Louis, and our large attendance for all three days, had shown the wisdom of coming to St. Louis. Yet, while he favored going to the East next time and exulted that we had done so well at St. Louis, he had learned that many more Eastern men would have gone to Topeka than came to this city.

Drs. Simmons and Williams promised free rides to California and everywhere else.

Dr. Borland withdrew his motion in behalf of New Haven, and said that as Kansans promised, we would all have a chance within a year to attend at Topeka on free tickets.

Drs. Hayden, YOUNKIN and others spoke, Dr. Anton making the concluding speech in favor of New York. The amendment was lost, and New Haven selected by an overwhelming vote.

Recess.

#### THIRD DAY—FINAL SESSION.

Prof. Olin delivered an address on "Disorders of the Lachrymal Apparatus."

Dr. Judd described several cases of leprosy.



On Motion of Prof. A. Merrell:—

*Resolved*, That in future sessions of the Association, all papers submitted shall be referred by the President to the proper section.

*Resolved*, That in the absence of the Chairman of any section, another shall be appointed by the President of the Association to serve during the session.

*Resolved*, That its Chairman shall convene each section at the earliest possible opportunity, and that such papers as have been submitted shall be considered, and the recommendations of the section communicated to the Association.

*Resolved*, That the Secretary of each section shall submit to the Secretary of the Association a list of all papers in their possession with the recommendation of the section thereon, and shall turn over to him such manuscripts at the close of the session.

The Committee on Credentials read their last report, recommending for permanent membership Drs. Laban A. Howard, of Litchfield; Amariah B. Conklin, of Manchester; L. Sanders, of Benson; Seth B. Lacey, of Greenville, and John A. Bostick, of New Troy—all in Michigan. The candidates were elected.

A resolution was adopted directing that papers for the transaction should not, except in extraordinary instances, exceed twenty printed pages.

The President announced the next business to be the installation of officers. The President-elect was conducted to the platform by Drs. Gunn and Munn and introduced. He thanked the Association for the honor which had come so unexpectedly, and asked support from the members in the discharge of his duties.

The three Vice-Presidents were in turn escorted to the platform, and made generous promises of great endeavor and fidelity.

The Secretary was next introduced, and, after thanking the Association for the honor which six elections had conferred, declared that the highest need was the cordial hearti-



ness with which his work had been acknowledged. He had been identified with this Association from the start, having been the first signer of the call in 1870, and with Eclectic medicine years before any person who had attended this meeting. From the tone and temper of this Association its future may be augured. Its literature, as set forth in its transactions—the work of its practitioners—has already assured its place as a learned body.

He could say little more than to quote these lines of Byron:

“To shoot a beam into the dark assists  
To make that beam do fuller service, spread  
And utilize such bounty to the night  
That assists also, and that task is mine.”

He would now resume the duties of his office. Opening two letters, just received, he presented the annual dues of the writers to the Treasurer, and next read the following to the Association:—

“CRETE, Nebraska, June 15, 1881.

“TO THE NATIONAL E. M. ASSOCIATION:

“*Gentlemen*—Inclosed find draft for \$100. I also designate Profs. Wilder, Scudder, Gunn and Pitzer to choose two subjects that will be of the most interest to the profession for prize essays, \$50 each, or divided as the committee thinks proper. This is for the National E. M. Association meeting for 1882. Business prevents me from attending.

Respectfully,

“CHARLES BAND.”

We can only say, the Secretary added, “that this is just like Dr. Band.”

The Treasurer, Dr. Anton, was next presented, and delivered a characteristic speech, eloquent, but requiring a stenographer to do it justice.

On motion of Dr. Gunn, the thanks of the Association were presented to the retiring President and officers of the last year for their fidelity and efficiency.

On motion of Dr. Borland, the proprietor of the Lindell Hotel, the committee of arrangements, and others were gratefully remembered.

Thanks were also voted to Dr. Band, whose generous munificence, now three times bestowed, had accomplished so much to further the objects of the National Association.



A resolution was adopted, offering thanks to Wm. S. Merrell & Co., of Cincinnati, Ohio; and Parke, Davis & Co., of Detroit, Mich.; and the Wheeler Chemical Works, of Chicago, for their fine pharmaceutical displays and their liberal distribution of samples. Also, to Aloe, Hernstein & Co., of St. Louis, for their fine display of surgical instruments.

The Secretary called attention to the efforts made by Prof. Pitzer, now and heretofore. He had done the work to secure the conveniences which had made the business of this session go on without friction, and to assure the success of this, our most prosperous and successful annual meeting. Our railroad charges and board bills have been commuted; and this hall and other facilities have been at our disposal at no charge. Ever since Dr. Pitzer has belonged to the National Association, certainly ever since the present Secretary took office, he has never slacked in effort, friendly office, or any service or even expense, which would further the business of the Association.

Thanks were then voted to the railroads, citizens and clergymen, for their valued services.

Dr. Madden gave notice of several amendments to the by-laws.

Dr. Younkin introduced a child that had been partly paralyzed, and its development of osseous tissue partly assisted by a fall. Convulsions and partial paralysis characterized the case.

Drs. Gunn, Olin and Pitzer passed judgment on the patient, and Prof. Younkin concurred.

The convention then adjourned to meet in the city of New Haven, on the third Wednesday of June, 1882.

#### COMMENCEMENT EXERCISES OF THE AMERICAN MEDICAL COLLEGE.

THE thirteenth regular commencement of the American Medical College was held June 2, 1881, at the Pickwick Theater, and was attended by a large audience of ladies and gentlemen, most of whom were friends of the graduates. On the platform were the professors, the members of the Board of Trustees, Chaplain G. G. Mullins, of the United States army, and Rev. Dr. John D. Vincil. The music was by the Knights Templar band. Dr. J. S. Merrell, President of the Board of Trustees, presided. Prof. Mullins opened with



prayer, and Prof. Yost read the college report, which gave a favorable account of the progress of the institution.

The valedictory address on the part of the class was delivered by S. A. B. Hughey, and was a very creditable production.

The conferring of the degree of Doctor of Medicine was done by Prof. Geo. C. Pitzer, Dean of the Faculty, with appropriate remarks.

The following is a list of the graduates: Geo. W. McClanahan, Missouri; J. D. Sawyers, Illinois; W. P. Wilcox, New York; W. H. Roper, Missouri; Tom C. Conrad, Missouri; Wm. H. Harris, Illinois; J. W. Hipple, Missouri; I. Frank Noel, Missouri; J. W. Davis, West Virginia; Mont. M. Hamlin, Missouri; John Mitchell, Missouri; Martin L. Thomas, Missouri; W. S. Odor, Missouri; T. C. Cheatham, Missouri; Francis M. Cox, Illinois; L. B. Laws, California; S. A. B. Hughey, Missouri; Wm. H. Allen, Illinois; Herschel S. Lowrance, Illinois; John Blevins, Illinois; D. T. Brooks, Missouri.

Profs. Pitzer and Yost distributed a number of floral offerings among the graduates, the tributes of admiring lady friends.

Rev. Dr. Vincil conferred the prizes, the first being the Mellier prize—a handsome and well-filled pair of Elliott's patent saddlebags, designed for the use of country practitioners, on horse or afoot. John Mitchell was the successful competitor. The jolly doctor of divinity was quite humorous in his remarks and kept the house in a roar.

The Yost prize was awarded to Dr. Mont. M. Hamlin, and Drs. J. W. Davis, T. C. Cheatham and Geo. W. McClanahan received honorable mention.

Dr. E. Younkin delivered an address to the graduates, which was well received, and abounded in sensible advice to the new beginners.

The exercises afforded pleasure to all who attended, and were conducted with less stiffness than is usual on such occasions.

The opening of the new college year promises more than any previous year. The rapid rise and growing popularity of the Eclectic practice of medicine among the better classes, turns medical students toward Eclectic schools; and our increased facilities, hospital and clinical advantages, with a great reduction in tuition, gives the American Medical College a new impetus. Let it come, and we guarantee entire satisfaction to every student. Send for announcements. See advertisement.